



# Washington Department of Fish and Wildlife Wildlife Rehabilitator Grant Application

Please organize your application as outlined below. **Incomplete applications will not be accepted**; all requested materials must be provided.

**DEADLINE:** Grant applications must be postmarked no later than **February 1, 2015**

Late applications will not be considered. Please send the complete original application plus 5 **additional** copies of the cover letter and application to:

**Patricia Thompson**

**Washington Dept. of Fish and Wildlife**

**16018 Mill Creek Blvd**

**Mill Creek WA, 98012**

## BACKGROUND CHECK AND FINGER PRINTS

*If you provided a Background Check last biennium (2013-2015), you do not need to submit one for this biennium.*

*If your background check is over two years old, please submit a current one.*

*You need only provide **one** copy of the Background Check and fingerprints.*

*If you have submitted fingerprints, you **do not** need to submit them again.*

## PHOTOGRAPHS

Please include photographs of your facilities and of any facility improvement or construction that was funded by a previous WDFW Wildlife Rehabilitator Grant.

Please note that the review committee may request a phone interview. A site facility inspection may be required before a final decision is made.

## Required Materials

### A. GRANT APPLICATION COVER LETTER

Include a brief **one-page or less** summary of your request, include the dollar amount requested, and anticipated outcomes or impact.

**SECTIONS B. THROUGH I. USE THIS FORM ONLY;** other formats or separate pages will not be accepted

**B. DOLLAR AMOUNT OF REQUEST:** \_\_\_\_\_

**C. WILDLIFE REHABILITATION FACILITY NAME:** \_\_\_\_\_

### D. FACILITY INFORMATION

**Mailing address:** \_\_\_\_\_

**Physical address:** \_\_\_\_\_

**General Phone:** \_\_\_\_\_ **General email:** \_\_\_\_\_

## E. FACILITY PERSONNEL

Person submitting application: \_\_\_\_\_

Direct phone line: \_\_\_\_\_ Email: \_\_\_\_\_

Does person submitting the application have a current background check? Yes \_\_\_\_\_ No \_\_\_\_\_

Please include an official background check if not submitted for last biennium's grant (2013-2015).

Grant Administrator (who will oversee the project): \_\_\_\_\_

Direct phone line: \_\_\_\_\_ Email: \_\_\_\_\_

Does person administering the grant money have a current background check? Yes \_\_\_\_\_ No \_\_\_\_\_

Please include an official background check if not submitted for last biennium's grant (2013-2015).

Facility Director: \_\_\_\_\_

Direct phone line: \_\_\_\_\_ Email: \_\_\_\_\_

## F. FACILITY PROCESSES AND PROCEDURES

### 1. Capture and Immobilization – Medium to large mammals and raptors only

Have any current staff/volunteers completed formal capture or immobilization training courses?

Yes \_\_\_\_\_ No \_\_\_\_\_ N\A \_\_\_\_\_ - We only rehabilitate small mammals and non-raptors

In what year was the training completed? \_\_\_\_\_

Name of instructor, company, and/or facility where training was completed: \_\_\_\_\_

### 2. Education Material

Do you have outreach and education material that you distribute?

Yes \_\_\_\_\_ No \_\_\_\_\_

(Include copies of one or two handouts)

How do you distribute this material?

### 3. Volunteers

Do you have a volunteer application (include a copy)?

Yes \_\_\_\_\_ No \_\_\_\_\_ I do not use volunteers \_\_\_\_\_

If you use volunteers:

What is your age restriction for volunteers? \_\_\_\_\_

What qualifications do you look for in your volunteers? \_\_\_\_\_

How are your volunteers trained? \_\_\_\_\_

Who is the volunteer supervisor? \_\_\_\_\_

#### 4. Networking

List names and general titles of WDFW personnel with whom you have worked and cooperated in the last 2 years, and in what capacity was your interaction.

List names of other rehabilitators with whom you have worked and cooperated in the past.

To what Wildlife Rehabilitator associations or organizations do you belong?

#### G. THREATENED AND ENDANGERED SPECIES

What is the approximate percentage of T & E SPECIES you rehabilitate in an average year? \_\_\_\_\_

What is the approximate percentage of NON-NATIVE AND RESTRICTED SPECIES (as defined in RCW 77.12.467) you rehabilitate in an average year? \_\_\_\_\_

H. Federal Migratory Bird Rehabilitation Permit # if applicable \_\_\_\_\_

*\*If this project includes marine mammals, please include a copy of your NOAA permit letter.*

#### I. PAST WDFW WILDLIFE REHABILITATOR GRANT FUNDING

Have you or your organization received funding from this grant in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please tell us:

Year contract was signed \_\_\_\_\_ Amount Awarded \_\_\_\_\_

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J. PROJECT DESCRIPTION **PLEASE BE BRIEF.** Limit your description to no more than **two pages**. Please submit on a separate paper.

Include

1. Goals and Objectives
2. Primary use of funding
3. Why the funding is needed (justification) (e.g. More Threatened or Endangered species treated; need to euthanize if funding is not received, etc.)
4. How this grant will make a difference in your services and operations
5. How lack of funds has been handled in the past? (e.g. Were species turned away; euthanized, etc.? Please be specific "I have had to turn away hundreds of people/animals/T&E's" does not give us a good enough idea. Be as quantitative as possible.)
6. If applicable clearly detail how the grant funds will be separated from the care of restricted animals and how restricted species be cared for without using these funds.
7. How will Washington citizens be better served if you receive this grant?

**K. TIME LINE *Please be specific. APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A TIMELINE.***

**Please submit on a separate paper.**

**The fiscal biennium ends June 30, 2017; all grant money must be spent by this date.** Provide an outline of what will be accomplished by what date. Identify a recognizable end point, which can occur anytime during the biennium. Focus on how objectives will be attained. **Number your tasks in order on the timeline**, (e.g., Task 1: Mar-Jun 2014 – Building permits secured; Task 2: Jun - Aug 2014 - Materials purchased; etc.). **This section is critical**; it allows us to mutually track the deliverables.

**L. BUDGET/ESTIMATED COSTS *APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A BUDGET.***

**You must include a line-item budget; Indirect costs are not covered with this grant. Please use separate paper for your Budget Table.**

Use the following categories, as applicable:

- a. Travel:** lodging, mileage, meals; estimate at \$.56/mile how many miles you will use within the two years
- b. Equipment and services:** state item and quantity, describe services; include sales tax.
- c. Supplies:** costs for routine items needing replacement throughout time period, state quantities; include sales tax.
- d. Veterinary:** expenses for services under contract with veterinarians, list names and contact information of veterinarian.
- e. Other contracted services**
- f. Permit costs**
- g. Other:** Items not listed above. *Itemize and include justification.*
- h. Total Costs:** all added together equals Total Project Cost.

**M. FINANCIAL STATEMENTS**

**Please provide copies of:**

- 1. Your facilities budget for the last two years, *or*; 2. Profit and Loss statements with incomes and expenditures for the last two years, *or*; 3. Last two years' Annual or Year-End statements for your facility's dedicated bank account.**

**N. MOST CURRENT ANNUAL REPORT**

**O. MISSION STATEMENT OF YOUR ORGANIZATION**

**P. LIST OF BOARD OF DIRECTORS**

**Q. COPY OF WDFW WILDLIFE REHABILITATION PERMIT**

**R. LETTERS OF SUPPORT FOR THE PROJECT AND/OR FACILITY – NO MORE THAN 3**

Please have letters of support speak to both your facility and the necessity of the specific project or expenses.

## APPLICATION CHECKLIST

**I have included the original and 5 copies of:**

- \_\_\_\_\_ 1. Cover letter
- \_\_\_\_\_ 2. Mission Statement
- \_\_\_\_\_ 3. List of Board of Directors
- \_\_\_\_\_ 4. WDFW Wildlife Rehabilitation Permit
- \_\_\_\_\_ 5. Letters of Support
- \_\_\_\_\_ 6. Most current WDFW Wildlife Rehabilitation Annual Report
- \_\_\_\_\_ 7. Fully completed application **including** TIME LINE & BUDGET
- \_\_\_\_\_ 8. NOAA permit letter (for marine mammals ONLY)
- \_\_\_\_\_ 9. Background checks and finger prints if needed
- \_\_\_\_\_ 10. Examples of education and outreach handouts
- \_\_\_\_\_ 11. Volunteer application if you have volunteers
- \_\_\_\_\_ 12. Required financial statements

**Successful Grantees are required to submit Quarterly and Annual Reports and any appropriate photographs documenting the project if it is a facilities improvement project.**

**I agree to follow all State and Federal Wildlife Rehabilitation laws and regulations.**

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***Signature***

***Date***

**If you have questions, please contact:**

**Patricia Thompson**

**Washington Dept. of Fish and Wildlife**

**16018 Mill Creek Blvd**

**Mill Creek WA, 98012**

**425-379-2302**

**[Patricia.thompson@dfw.wa.gov](mailto:Patricia.thompson@dfw.wa.gov)**

*WDFW activities are intended to follow state and federal guidelines for nondiscrimination based on race, creed, color, national origin, age, marital status, sex, sexual orientation, residence, veteran status, and disability.*